REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ ☐ IS ☐ IS NOT A SMALL BUSINESS SET-ASIDE

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 ▷	RATING
S-LU500-09-Q-0010	07-21-2009	S-LU500-09-Q-0001		

5a. ISSUED BY
U.S. Embassy Luxembourg

6. DELIVER BY (Date)
08/17/09

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

7. DELIVERY
☒ FOB DESTINATION ☐ OTHER (See Schedule)

NAME	TELEPHONE NUMBER	
Emmanuel Wojcik	AREA CODE	NUMBER
	352	460123 x 2254

9. DESTINATION

a. NAME OF CONSIGNEE
U.S. Embassy Luxembourg

8. TO:

a. NAME	b. COMPANY

b. STREET ADDRESS
22, Blvd Emmanuel Servais

c. STREET ADDRESS	

c. CITY
Luxembourg

d. CITY	e. STATE	f. ZIP CODE

d. STATE	e. ZIP CODE
	L-2535

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)

IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
01	Construction services				

12. DISCOUNT FOR PROMPT PAYMENT ▷

a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
			NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

13. NAME AND ADDRESS OF QUOTER	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER		
b. STREET ADDRESS	16. SIGNER	
c. COUNTY	a. NAME (Type or print)	b. TELEPHONE / AREA CODE
d. CITY / e. STATE / f. ZIP CODE	c. TITLE (Type or print)	NUMBER

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STANDARD FORM 18 (REV. 6-95)
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